| Attorney Docket: 3214/ | <u>2.</u> | | | | | |
|--|--|--|---|---|------------------------------|--|
| page 1 of 2 | Combined Dec | laration For Patent Application a | nd Power o | f Attorney | | |
| I believe I am the nventor (if plural names nvention entitled :DA check one) | oost office addres ne original, first ar stire listed below TY, CONVERSION ttached hereto. | clare that: is and citizenship are as stated be nd sole inventor (if only one nam.) of the subject matter which is condended to the subject matter which is condended. NOTE THOOS AND SYSTEMS. IS Application Serial No. | e is listed b laimed and the specif | elow) or an o for which a p fication of whi | atent is sought on the ch | |
| nave reviewed and undamendment referred to I acknowledge to | erstand the conte at ove. the duty to disclos | se Application Serial No. ents of the above-identified specion se Information, which is material at Regulations, § 1.56(a). | fication, inc | luding the cla | ims, as amended by any | |
| I hereby claim for sign priority benefits under Title 35, United States Code, § 119, 365 or 371 of any foreign patent or application(s) for patent or inventor's certificate listed below and have also Identified below any foreign application for pater or inventor's certificate having filing date before that of the application on which priority is claimed: | | | | | | |
| Prior Foreign A | Application(s) | | Priority C | laimed | | |
| (number) | (Country) | (Day, Month, Year Filed) | Yes | No L | | |
| (number) | (Country) | (Day, Month, Year Filed) | Yes |]%[| | |
| | | | | | | |

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States Application(s) listed elow and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United states application in the manner provided by the first paragraph of Title 35, United States code, § 112, I acknowledge ne duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred etween the filing date of the prior application and the national or PCT international filing date of this application:

Yes No

(Day, Month, Year Filed)

I hereby appoint the following attorneys, with full power of substitution, association, and revocation, to rosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Wark M. Friedman Registration No. 33,383

ddress all Correspondence to:

(number)

(Country)

| DR. MARK FRIEDMAN LTD. | Direct all telephone calls & faxes to: |
|--|--|
| C/o Bill Polkingt:orn | Bill Palkinghorn |
| 9003 Florin Way | email: mark_f@friedpat.com |
| Upper Marlboro MD 20772, USA | Phone 001-3019521011 |
| | Fax 001-3019529023 |
| ************************************** | |

V37-SEP-2005 08:28 From: DOAR HOREU

Continuation of Combined Declaration For Patent Application and Power of Attorney

I hereby further (lectare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statement may jeopardize the validity of the application of any patent issued thereon.

| *FULL NAME OF SOLE OR FIRST INVENTOR | INVENTOR'S SIGNATURE | DATE SEATEN BER |
|---|-------------------------|------------------|
| RESIDENCE 54 SHOSHANAT HALLARMEL ST. HAIF | CITIZENSHIP | 10 2 30 2 70 2 6 |
| POST OFFICE ADDRESS 54 SHOSHANAT HAI ARMEL ST. HAIF | | 1 |
| | | |
| *FULL NAME OF SECOND INVENTOR | INVENTOR'S SIGNATURE | DATE |
| RESIDENCE | CITIZENSHIP | |
| POST OFFICE ADDRESS | | |
| | | |
| *FULL NAME OF THIRD INVENTOR | INVENTOR'S SIGNATURE | DATE |
| RESIDENCE | CITIZENSHIP | |
| POST OFFICE ADDRESS | | |
| FULL NAME OF FOURTH INVENTOR | INVENTOR'S SIGNATURE | DATE |
| RESIDENCE | CITIZENSHIP | |
| POST OFFICE ADDRESS | | |
| *FULL NAME OF FIFTH INVENTOR | | |
| | INVENTOR'S SIGNATURE | DATE |
| RESIDENCE | CITIZENSHIP | |
| POST OFFICE ADDRESS | | |
| *FULL NAME OF SIXTH INVE TOR | LINE VICENCE CONTRACTOR | |
| | INVENTOR'S SIGNATURE | DATE |
| RESIDENCE | CITIZENSHIP | |
| POST OFFICE ADDRESS | | |

P.S.9